	IN. M. U. U.	C. COPY	1+4.
Form 9-331 (May 1963)	U. TED STATES DEPARTMENT OF THE INTERIOR	OR (Other instruction, on reverse side)	Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.
GEOLOGICAL SURVEY			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)			
I. OIL X GAS WELL X WELL OTHER			7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR			8. FARM OR LEASE NAME
L. C. HARRIS			Авву
P. O. BOX 1714, ROSWELL, NEW MEXICO 88210			9. WELL NO.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface			10. FIELD AND FOOL, OR WILDCAT WILDCAT
660' FSL & 660' FWL			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
			SEC. 26-T135-R28E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF	, RT, GR, etc.)	CHAVES N. M.
16.	Ch. I. A	lata a CNI at a Day of a C	
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice of Intention to: Subsequent Report of:			
TEST WATER SHUT-OFF	PULL OR ALTER CASING MULTIPLE COMPLETE	WATER SHUT-OFF FRACTURE TREATMENT	REPAIRING WELL ALTERING CASING
SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING			ABANDONMENT*
REPAIR WELL CHANGE PLANS (Other) SURFACE			CASING of multiple completion on Well
(Other) (Completion or Recomple 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates,			etion Report and Log form.)
proposed work. If nent to this work.) *	well is directionally drilled, give subsurface loca	t details, and give pertinent dates, tions and measured and true vertica	l depths for all markers and zones perti-
11/03/71	RAN 10" PIPE @210' FO	R WATER SHUT OFF.	DRILLED TO 4991
11/06/71	HOLE CAVINO	TO STOP CAVING.	DRILLED TO 715
	HOLE STILL CAVING.		
	11/11/71 RAN 715' OF 7" CASING TO STOP CAVING.		
11/12/71	DRILLING 765' IN ANHY		
		•	
RECEIVED NOV 1 6 1971 D. C. C. ARTESIA, OFFICE			
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			NOV 15 19 71
			U.S. GOLGOICAL SUMME
			ARTESIA. NEW MONICO
	^	KILDIA, DI J. ISS	
18. I hereby certay that	the foregoing is true and correct		

SIGNED THE COLOR TITLE OPERATOR MEDICAL DATE 11/12/71

(This space for federal or strate office use)

APPROVED TO THE APPROVAL, TO ANY:

*See Instructions on Reverse Side

ACTING DISTRICT FACINEER